

**State of Illinois
Community Mental Health Services**

Service definition and activity crosswalk

Effective January 1, 2006

**State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk**

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Glossary

Acronyms		Professional staff acronyms	
ACR	Administrative case review	APN	Advanced practice nurse
ACT	Assertive community treatment	LCPC	Licensed clinical professional counselor
CARES	Crisis and Referral Entry Service	LCSW	Licensed clinical social worker
COS	Category of service	LMFT	Licensed marriage and family therapist
CSPI	Childhood Severity of Psychiatric Illness	LPN	Licensed practical nurse
DCFS	Department of Children and Family Services	LPHA	Licensed practitioner of the healing arts
DHS	Department of Human Services	MHP	Mental health professional
DOC	Department of Corrections	QMHP	Qualified mental health professional
DPA 1443	Provider Invoice (form DPA 1443)	RN	Registered nurse
HCPCS	<i>Healthcare Common Procedure Coding System</i>	RSA	Rehabilitative services associate
HFS	Healthcare and Family Services		
HIPAA	<i>Health Insurance Portability and Accountability Act</i>		
ITP	Individual treatment plan		
MMIS	Medicaid Management Information System		
MOD	Modifier		
MRO	Medicaid rehabilitation option		
NOS	Not otherwise specified		
POS	Place of service		
PT	Provider type		
ROCS	Reporting of Community Services		
SASS	Screening, assessment, and support services		
SOF	State-operated facility		
TCM	Targeted case management		
HCPCS modifier definitions		HCPCS place of service indicators	
HA	Child/adolescent	11	Office
HN	Bachelor's degree	21	Inpatient Hospital
HM	Less than a bachelor's degree	22	Outpatient Hospital
HO	Master's degree	23	Emergency Room - Hospital
HQ	Group modality	51	Inpatient Psychiatric Facility
HR	Family modality	52	Psychiatric Facility – Partial Hospitalization
HT	Multi - Disciplinary Team	53	Community Mental Health Center
SA	Advanced practice nurse	99	Other Place Of Service
TF	Intermediate level of care		
TG	Complex level of care		

Notes:

- (1) In order to be reimbursed for a service, the provider must have a contract with a public payer to provide that service.
- (2) Medical necessity is determined by the approval of mental health services by a licensed practitioner of the healing arts (LPHA).

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Activity therapy

MEDICAID

Service definition:	Minimum credentials of staff:
Direct interactions with the client, or on behalf of the client with a member of the client's family, with such interactions intended to result in improving or maintaining the client's ability to function in a variety of interpersonal situations, including in the family, school or community.	RSA
Notes:	Example activities:
Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	Direct face-to-face interventions with the client, or on behalf of the client with a member of the client's family or other caretaker, aimed at improving or maintaining the client's ability to function in a variety of interpersonal situations, including in the family, school, or community. These interventions involve art, music, drama, play, or recreation. Can include group sports activities or field trips, but only for the time spent in face-to-face interventions that are therapeutic in nature. The interventions must relate to the goals in the client's ITP. Supervising or observing the client's art, music, drama, play, or recreation activities is not activity therapy and is not a billable Medicaid service.
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(j) Nomenclature: Previous: Developmental rehabilitation HIPAA: Activity therapy

Reimbursement and coding summary

DHS service activity code(s)	HCPSC code	Modifier(s)	Place of service	Notes	Unit of service	Rate per unit of service
3E	H2032		11	On-site; individual	¼ hr.	\$ 13.68
3E	H2032		99	Off-site; individual	¼ hr.	\$ 15.87
3F	H2032	HQ	11	On-site; group	¼ hr.	\$ 3.42
3F	H2032	HQ	99	Off-site; group	¼ hr.	\$ 3.97

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Assertive community treatment

MEDICAID

Service definition:	Minimum credentials of staff:
A specialized model of treatment/services that provides an inclusive array of community-based mental health and supportive services for adults (18 years of age and older) with serious mental illness who have a history of high use of psychiatric hospitalization. It requires an integrated package of services, provided by a multi-disciplinary team of professionals over an extended period of time.	At a minimum includes a psychiatrist, QMHP, and MHP; may include RSAs. Highly desirable to include an RN and a vocational specialist.
Notes:	Example activities:
Provider must be in compliance with the assertive community treatment (ACT) paradigm of the Department of Human Services. Case management MAY NOT be billed in combination with ACT services. "ACT team" should be identified as "responsible staff" on ITP. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	Linkage with resources and services. Individual and supportive counseling and problem solving. Access to mental health services, vocational training, educational services, legal services, employment opportunities, leisure, recreation, and religious, social activities, self-help groups, medical services, including emergency and non-emergency. Support while in other environments, <i>e.g.</i> , hospitals. Advocacy, including providing information to family. Assist client in developing natural community supports. Assist with activity of daily living through skills training and acquisition of assistive devices. Providing or assisting with transportation.
Applicable populations	References:
<input checked="" type="checkbox"/> Adults <input type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input type="checkbox"/> Specialized substitute care	Rule: 59 Ill. Admin. Code 132.150(g)
Rule allowed mode(s) of delivery	Nomenclature:
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone	Previous: Assertive community treatment HIPAA: Assertive community treatment
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
90, 97, 98	H0039			11	On-site	¼ hr.	\$ 18.09
90, 97, 98	H0039			99	Off-site	¼ hr.	\$ 20.98

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Case management—client centered consultation

MEDICAID

Service definition:	Minimum credentials of staff:
An individual client-focused professional communication between provider staff, or staff of other agencies, or with others (including family members) who are involved with providing services to a client.	RSA
Notes:	Example activities:
Must be provided in conjunction with one or more mental health services as specified in 132.150 or 132.165. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. <u>Does not</u> include advice given in the course of clinical staff supervisory activities, in-service training, treatment planning or utilization review and may not be billed as part of the assessment process.	Face-to-face or telephone contacts (including scheduled meetings or conferences) between provider staff, staff of other agencies and child-caring systems concerning the client's status. Contacts with a State-operated facility and educational or medical system. Staffing with school personnel or other professionals involved in treatment. Administrative case review (ACR). Also includes contacts (scheduled meetings or conferences) for professional communication between provider staff and family members involved in treatment.
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group	References:
Pre-service requirements	Rule: 59 Ill. Admin. Code 132.165(b) Nomenclature:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Previous: Client centered consultation Rehabilitative consultation and review HIPAA: Case management

Reimbursement and coding summary

DHS service activity code(s)	HCPSC code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
6R	T1016	TG		11	On-site; RSA	¼ hr.	\$ 13.68
6R	T1016	TG		99	Off-site; RSA	¼ hr.	\$ 15.87
6M	T1016	HN	TG	11	On-site; MHP	¼ hr.	\$ 16.58
6M	T1016	HN	TG	99	Off-site; MHP	¼ hr.	\$ 19.23

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Case management—mental health

MEDICAID

Service definition:	Minimum credentials of staff:
Services that provide coordination, support and advocacy for clients who need multiple services and require assistance in gaining access to and in using mental health, social, vocational, educational, child welfare, and other community services and resources. Case management also may include client-specific advocacy and assistance in problem solving/resolution to assist the client in building community support and family support systems, and mandated child welfare and juvenile justice activities.	RSA
Notes:	Example activities:
Case management does not include time spent transporting the client to required services or time spent waiting while the client attends a scheduled appointment. Case management may be provided prior to a mental health assessment or ITP for the purpose of assisting the client with obtaining emergency food, clothing or shelter or for mandated child welfare or juvenile justice activities. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	Helping the client access appropriate mental health services including the ICG/MI program, apply for public entitlements, locate housing, obtain medical and dental care, or obtain other social, educational, vocational, or recreational services. Assessing the need for service, identifying and investigating available resources, explaining options to the client and assisting in the application process. Advocacy and assistance with problem solving/resolution that will help the client access and utilize support from the community or family members. Supervision of family visits for DCFS clients. Includes time spent participating in mandated child welfare, juvenile justice or court activities.
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.165(a) Nomenclature: Previous: Mental health case management; Rehabilitative services coordination HIPAA: Case management

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
5R	T1016			11	On-site; RSA	¼ hr.	\$ 13.68
5R	T1016			99	Off-site; RSA	¼ hr.	\$ 15.87
5M	T1016	TF		11	On-site; MHP	¼ hr.	\$ 16.58
5M	T1016	TF		99	Off-site; MHP	¼ hr.	\$ 19.23

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Case management - transition linkage and aftercare

MEDICAID

Service definition:	Minimum credentials of staff:
Services specifically targeted at facilitating an effective transition in living arrangement, consistent with the client's welfare and development.	MHP
	Example activities:
	Services provided to clients being discharged from inpatient psychiatric care, transitioning to adult services, moving into or out of DOC, or a DCFS client moving from one placement to another placement or to his/her parent's home. Time spent planning with the staff of the client's current living arrangement or the receiving living arrangement. This includes time spent with foster parents. Time spent locating placement resources, such as meetings and phone calls. Assisting client in completing paperwork for community resources. Arranging or conducting pre or post-placement visits. Time spent developing an aftercare service plan. Time spent planning a client's discharge and linkage from an inpatient psychiatric facility for continuing mental health services and community/family support. Assisting the client or the client's family or caregiver with the transition. Mandated follow-up with clients in long term care facilities.
Notes:	
When a client is being discharged from an inpatient psychiatric setting, the mental health assessment (MHA) and treatment plan (ITP) of the inpatient setting may be used to authorize the provision of this mental health service. Notes must indicate what transition is occurring. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone	
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	
	References:
	Rule: 59 Ill. Admin. Code 132.165(c) Nomenclature: Previous: Rehabilitative transition linkage and aftercare HIPAA: Case management

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
5A, 5C	T1016	HN		11	On-site; MHP	¼ hr.	\$ 16.58
5A, 5C	T1016	HN		99	Off-site; MHP	¼ hr.	\$ 19.23
5B, 5D	T1016	HO		11	On-site; QMHP	¼ hr.	\$ 17.88
5B, 5D	T1016	HO		99	Off-site; QMHP	¼ hr.	\$ 20.74

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Comprehensive mental health services

MEDICAID

Service definition:	Minimum credentials of staff:
An array of services that includes the provision of at least one or more of the services in 132.150 or 132.165 on a daily basis in order to assess, restore or maintain a client's emotional or behavioral functioning necessary to be at a level determined to be appropriate for his/her successful functioning in a family, school or community.	Minimum credentials required by each discrete 132.150 and 132.165 service provided
Notes:	Example activities:
An admission note may be used to authorize the provision of comprehensive mental health services prior to the completion of a mental health assessment. An admission note must be completed within 24 hours after a client's admission and is effective for a maximum of 30 days.	<p>Provided to and for eligible children for the purpose of assessing, restoring, or maintaining the client's emotional or behavioral functioning in areas that are necessary for the child's day-to-day functioning.</p> <p>Provided to a child receiving care or services in a specialized substitute care living arrangement that is supervised by a provider under contract to a State agency to provide comprehensive mental health services.</p> <p>Requires that at least one of the allowable services be provided each day.</p> <p>Each service must be provided according to the requirements specified in Part 132 for that service. Thus, the allowable activities for comprehensive mental health services follow directly from the allowable activities and qualified staff for each service that is part of the array.</p>
Applicable populations	
<input checked="" type="checkbox"/> Adults(up to age 21) <input checked="" type="checkbox"/> Children <input type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	<p>Rule: 59 Ill. Admin. Code 132.150(l)</p> <p>Nomenclature:</p> <p>Previous: Comprehensive mental health services; Comprehensive rehabilitative services</p> <p>HIPAA: Long-term residential, non-acute, per diem (without room and board)</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
(n/a)	H0019			11	Individual	Per diem	Provider-specific

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Crisis intervention

MEDICAID

Service definition:	Minimum credentials of staff:
Activities or services provided to a person who is experiencing a psychiatric crisis which are designed to interrupt a crisis experience including assessment, brief supportive therapy or counseling and referral and linkage to appropriate community services to avoid more restrictive levels of treatment, with the goal of symptom reduction, stabilization and restoration to a previous level of functioning.	MHP with immediate access to a QMHP
Notes:	Example activities:
May be provided prior to a mental health assessment and prior to a diagnosis of mental illness. May be provided by more than one direct care staff person if needed to address the situation. All staff involved and their activities must be identified and documented. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	All activities must occur within the context of a potential psychiatric crisis. Face-to-face or telephone contact with client for purpose of preliminary assessment of need for mental health services. Face-to-face or telephone contact with family members or collateral source (e.g., caregiver, school personnel) with pertinent information for purpose of a preliminary assessment. Face-to-face or telephone contact to provide immediate, short-term crisis-specific therapy or counseling with client and, as necessary, with client's caretaker and family members. Referral to other applicable mental health services, including pre-hospitalization screening. Activities include phone contacts or meeting with receiving provider staff. Face-to-face or telephone consultation with a physician or hospital staff, regarding need for psychiatric consultation. Face-to-face or telephone contact with another provider to help that provider deal with a specific client's crisis. Consultation with one's own provider staff to address the crisis.
Applicable populations	References:
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	Rule: 59 Ill. Admin. Code 132.150(b)
Rule allowed mode(s) of delivery	Nomenclature:
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group	Previous: Crisis intervention; Rehabilitative crisis intervention and stabilization
Pre-service requirements	HIPAA: Crisis intervention
<input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan	

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
10, 13	H2011			11	On-site	¼ hr.	\$ 28.81
10, 13	H2011			99	Off-site	¼ hr.	\$ 33.42
1A	H2011	HT		Any valid code except 11, 21, 22, 23, 51, 52, 53, 99	More than one direct care staff person is engaged and the services are delivered offsite in a setting that is not a hospital setting.	¼ hr.	\$ 45.92

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Crisis intervention—pre-hospitalization screening

MEDICAID

Service definition:	Minimum credentials of staff:
Screening or crisis assessment activities provided to a child who is referred to a SASS provider by CARES because the child is experiencing a crisis that creates a risk of psychiatric hospitalization. The SASS screening and crisis assessment must be conducted face-to-face with the CARES-referred child experiencing the crisis. However, contacts with collaterals and other types of personal contacts can supplement the face-to-face screening/crisis assessment contact with the CARES-referred child experiencing the crisis.	MHP with immediate access to a QMHP
Notes:	Example activities:
May be provided prior to a mental health assessment and prior to a diagnosis of mental illness. May be provided by more than one direct care staff person if needed to address the situation. All staff involved and their activities must be identified and documented. Pre-hospitalization screening ends when a determination is made regarding whether or not to hospitalize a client. Once a determination is made, other services may begin being delivered and billed. Reimbursement subject to prior authorization through CARES. This service is billed directly to HFS.	The SASS pre-admission psychiatric hospitalization screening and crisis assessment shall minimally include completion of the following: — The CSPI decision support instrument. — A mental status evaluation. — An evaluation of the extent of the child's ability to function in his/her environment and daily life. — An assessment of the child's degree of risk of harm to self, others or property. — A determination of the viability of less restrictive resources available in the community to meet the treatment needs of the child. These activities must be part of the face-to-face contact(s) with the child experiencing the crisis. SASS screening and crisis assessment services may also include face-to-face or telephone contact with: — Family members or collateral source (e.g., caregiver, school personnel) with pertinent information for purposes of completing the SASS screening/assessment. — A physician or hospital staff, regarding the need for psychiatric consultation or hospitalization. — Another provider to help that provider deal with a specific client's crisis.
Applicable populations	References:
<input type="checkbox"/> Adults <input type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input type="checkbox"/> Specialized substitute care	Rule: 59 Ill. Admin. Code 132.150(b)
Rule allowed mode(s) of delivery	Nomenclature:
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group	Previous: Rehabilitative crisis intervention and stabilization Crisis intervention
Pre-service requirements	HIPAA: Program intake assessment
<input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan	

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
(n/a)	T1023			11	On-site	Event	\$288.10
(n/a)	T1023			99	Off-site	Event	\$334.20
(n/a)	T1023	HT		Any valid code except 11, 21, 22, 23, 51, 52, 53, 99	More than one direct care staff person is engaged and the services are delivered offsite in a setting that is not a hospital setting.	Event	\$459.20

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Intensive family-based services

MEDICAID

Service definition:	Minimum credentials of staff:
Interactions with the client, or with a member of the client's family on behalf of the client, to restore the client to prior levels of functioning, to reduce the risk of more restrictive treatment for the client such as psychiatric hospitalization, to reduce the risk of alternative placement, or to avert a family crisis.	MHP
Notes:	Example activities:
<p>Services may be provided only by a provider that is:</p> <ul style="list-style-type: none"> — A SASS provider, but only to a child or adolescent enrolled in the SASS program by the CARES. — A provider other than a SASS provider that is under contract with the DCFS to provide this service, but only to a child for whom the DCFS is legally responsible. <p>May be provided by more than one direct care staff person if needed to address the situation. All staff involved and their activities must be identified and documented.</p> <p>Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</p>	<p>Interactions with the client, or with a member of the client's family or other caretaker on behalf of the client, aimed at:</p> <ul style="list-style-type: none"> — Reducing the risk for the client to need to move to an alternative placement due to a decline in functioning. — Averting a family crisis.
Applicable populations	
<input type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input type="checkbox"/> Group	
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	References: Rule: 59 Ill. Admin. Code 132.150(k) Nomenclature: Previous: Intensive family based services HIPAA: Mental health services not otherwise specified

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
17	H0046	TF		11	On-site	1 hr.	\$ 66.32
17	H0046	TF		99	Off-site	1 hr.	\$ 76.93
18	H0046	TF	HT	Any valid code except 11, 21, 22, 23, 51, 52, 53, 99	More than one direct care staff person is engaged and the services are delivered offsite in a setting that is not a hospital setting.	1 hr.	\$126.93

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Mental health assessment

MEDICAID

Service definition:	Minimum credentials of staff:
The formal process of gathering into written reports information on the client—including, but not limited to, individual characteristics, presenting problems, history or cause of illness, history of treatment, psychosocial history, and current functioning in emotional, cognitive, social, and behavioral domains through face-to-face or personal contact with the client or collaterals. This service results in identification of the client's mental health service needs and recommendations for treatment and may include a tentative diagnosis.	MHP under the direct supervision of a QMHP QMHP and LPHA must sign the mental health assessment report.
Notes: Required for all services except for crisis intervention or case management services to assist the client in securing emergency food, clothing or shelter or for mandated child welfare or juvenile justice activities. A minimum of one face-to-face meeting with the client by a QMHP is required prior to completion. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. A diagnosis of mental illness is not required prior to starting mental health assessment activities.	Example activities: Face-to-face meeting with the client in order to assess the client's needs. Face-to-face meeting or telephone contact with the client or client's family to collect social history information With the client's permission, face-to-face meetings or telephone contact with: <ul style="list-style-type: none"> Family members. Collateral sources of pertinent information—including, but not limited to, educational personnel, medical personnel, DCFS staff. Administering CGAS/GAF or other acceptable instruments to the client to document substantial impairment in role functioning.
Applicable populations	References:
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	Rule: 59 Ill. Admin. Code 132.148(a) Nomenclature: Previous: Mental health assessment; Mental health social history; Rehabilitative assessment; Rehabilitative social history HIPAA: Mental health assessment–non-physician
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group	
Pre-service requirements	
<input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan	

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
0M	H0031	HN		11	On-site; MHP	¼ hr.	\$ 16.58
0M	H0031	HN		99	Off-site; MHP	¼ hr.	\$ 19.23
0Q	H0031			11	On-site; QMHP	¼ hr.	\$ 19.04
0Q	H0031			99	Off-site; QMHP	¼ hr.	\$ 22.09

State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk

Mental health day treatment

MEDICAID

<p>Service definition:</p> <p>Scheduled group therapeutic sessions made available for at least 4 hours per day, 5 days per week with the objective of maintaining or improving interpersonal functioning or age-appropriate, independent role functioning.</p>	<p>Minimum credentials of staff:</p> <p>MHP</p>
<p>Notes:</p>	<p>Example activities:</p> <p>Interventions directed at improving or maintaining the client's ability to function in a variety of interactions or situations, both interpersonal and community, including but not limited to:</p> <ul style="list-style-type: none"> — Personal and interpersonal communications. — Dating and sexual appropriateness. — Medication and management of psychiatric symptoms. — Peer or sibling interactions. — Self-regulating behavior. — Parent and child communications and interactions. — Self-care and hygiene management. — Use of public transportation. — Use of laundromat. — Learning to utilize existing community resources. — Opening or maintaining a checking or savings account. — Accessing medical and dental care. — Developing support systems. — Entitlement acquisition.
<p>Applicable populations</p> <p> <input checked="" type="checkbox"/>Adults <input checked="" type="checkbox"/>Children <input checked="" type="checkbox"/>SASS <input type="checkbox"/>Specialized substitute care </p>	
<p>Rule allowed mode(s) of delivery</p> <p> <input checked="" type="checkbox"/>Face-to-face <input type="checkbox"/>Individual <input checked="" type="checkbox"/>On-site <input checked="" type="checkbox"/>Videoconference <input checked="" type="checkbox"/>Off-site <input type="checkbox"/>Telephone <input checked="" type="checkbox"/>Group (8:1 children; 16:1 adults) </p>	
<p>Pre-service requirements</p> <p> <input checked="" type="checkbox"/>Medical necessity <input checked="" type="checkbox"/>Mental health assessment <input checked="" type="checkbox"/>Treatment plan </p>	<p>References:</p> <p>Rule: 59 Ill. Admin. Code 132.150(h)</p> <p>Nomenclature:</p> <p>Previous: Extended treatment, rehabilitation; rehabilitation day treatment; psychosocial rehabilitation</p> <p>HIPAA: Behavioral health day treatment</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
8A	H2012	HO		11	On-site; adult	1 hr.	\$ 8.96
8A	H2012	HO		99	Off-site; adult	1 hr.	\$ 8.96
8B	H2012	HO	HA	11	On-site; child	1 hr.	\$ 16.85
8B	H2012	HO	HA	99	Off-site; child	1 hr.	\$ 16.85

State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk

Mental health intensive outpatient

MEDICAID

<p>Service definition:</p> <p>Scheduled group therapeutic sessions made available for at least 4 hours per day, 5 days per week for clients with a history of psychiatric hospitalization.</p>	<p>Minimum credentials of staff:</p> <p>QMHP</p>
<p>Notes:</p> <p>Intensive outpatient services are intended for clients with a history of psychiatric hospitalization.</p> <p>The client's ITP must include objectives related to reducing or eliminating symptoms that have, in the past, led to the need for hospitalization.</p>	<p>Example activities:</p> <p>The focus of the sessions must be to reduce or eliminate symptoms that have, in the past, led to the need for hospitalization.</p>
<p>Applicable populations</p> <p> <input checked="" type="checkbox"/>Adults <input checked="" type="checkbox"/>Children <input checked="" type="checkbox"/>SASS <input type="checkbox"/>Specialized substitute care </p>	<p>References:</p> <p>Rule: 59 Ill. Admin. Code 132.150(i)</p> <p>Nomenclature:</p> <p>Previous: Intensive stabilization</p> <p>HIPAA: Intensive outpatient</p>
<p>Rule allowed mode(s) of delivery</p> <p> <input checked="" type="checkbox"/>Face-to-face <input type="checkbox"/>Individual <input checked="" type="checkbox"/>On-site <input checked="" type="checkbox"/>Videoconference <input checked="" type="checkbox"/>Off-site <input type="checkbox"/>Telephone <input checked="" type="checkbox"/>Group (4:1 children; 8:1 adults) </p> <p>Pre-service requirements</p> <p> <input checked="" type="checkbox"/>Medical necessity <input checked="" type="checkbox"/>Mental health assessment <input checked="" type="checkbox"/>Treatment plan </p>	

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
81	S9480	HO		11	On-site; adult	1 hr.	\$ 15.99
81	S9480	HO		99	Off-site; adult	1 hr.	\$ 15.99
85	S9480	HO	HA	11	On-site; child	1 hr.	\$ 32.03
85	S9480	HO	HA	99	Off-site; child	1 hr.	\$ 32.03

State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk

Psychological evaluation

MEDICAID

Service definition: A psychological evaluation conducted and documented by the provider consistent with the <i>Clinical Psychologist Licensing Act (225 ILCS 15)</i> , using nationally standardized psychological assessment instruments.	Minimum credentials of staff: The evaluation must be conducted and signed by a licensed clinical psychologist. A master's level professional under the supervision of the licensed clinical psychologist may assist in administering standardized testing.
Notes: The licensed clinical psychologist must have at least one face-to-face meeting with the client before signing the evaluation. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	Example activities: Face-to-face client interview or clinical observation. Face-to-face interview with parent or guardian, if indicated. Face-to-face administration of nationally recognized psychological assessment instruments as part of a psychological evaluation.
	References: Rule: 59 Ill. Admin. Code 132.148(b) Nomenclature: Previous: Psychological assessment; Psychological standardized testing HIPAA: Mental health assessment–non-physician
Applicable populations <input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input type="checkbox"/> Group	
Pre-service requirements <input checked="" type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan	

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
01	H0031	TG		11	On-site; licensed clinical psychologist	¼ hr.	\$ 24.92
01	H0031	TG		99	Off-site; licensed clinical psychologist	¼ hr.	\$ 28.91
07	H0031	HO		11	On-site; master's level	¼ hr.	\$ 19.04
07	H0031	HO		99	Off-site; master's level	¼ hr.	\$ 22.09

State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk

Psychotropic medication administration

MEDICAID

Service definition:		Minimum credentials of staff:	
Time spent preparing the client and the medication for administration, administering psychotropic meds, observing the client or possible adverse reactions, and returning the medication to proper storage.		LPN under RN supervision.	
		Example activities:	
		See service definition. Drawing blood per established protocol for a particular psychotropic medication.	
Notes:			
Does not include administration of non-psychotropic medications			
Applicable populations			
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care			
Rule allowed mode(s) of delivery			
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site			
Pre-service requirements		References:	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan		Rule: 59 Ill. Admin. Code 132.150(c)(4) Nomenclature: Previous: Medication administration HIPAA: Administration of oral, intramuscular or subcutaneous medication	

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
25	T1502			11	On-site; LPN/RN	Event	\$ 10.21
25	T1502			99	Off-site; LPN/RN	Event	\$ 11.84
2D	T1502	SA		11	On-site; APN	Event	\$ 11.30
2D	T1502	SA		99	Off-site; APN	Event	\$ 13.11

State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk

Psychotropic medication monitoring

MEDICAID

Service definition:	Minimum credentials of staff:
Monitoring and evaluating target symptom response, adverse effects including <i>tardive dyskinesia</i> screens, and new target symptoms or medication.	Staff designated in writing by a physician or advanced practice nurse per a collaborative agreement.
	Example activities:
	Face-to-face interview with clients reviewing response to psychotropic medications. A physician or APN per a collaboration agreement must authorize in writing the staff determined to be eligible to provide medication monitoring or medication training services. Medication monitoring may include clinical communication, by telephone or face-to-face, between staff of the (same) provider or professional staff employed outside of the provider agency, under situations which constitute an appropriate release of information, emergency medical/life safety intervention, or consulting therapist relationships regarding the client's psychotropic medication.
Notes:	
This DOES NOT include watching a client self-administer his/her medications. A designated staff ordering medication or communication with a pharmacist is not billable as medication monitoring but is billable as case management.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input type="checkbox"/> Group	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(c)(5) Nomenclature: Previous: Medication monitoring HIPAA: Pharmacological management

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
26	90862	52		11	On-site; Non MD, non APN	¼ hr.	\$ 20.45
26	90862	52		99	Off-site; Non MD, non APN	¼ hr.	\$ 20.45
2E	90862	SA		11	On-site; APN	¼ hr.	\$ 24.11
2E	90862	SA		99	Off-site; APN	¼ hr.	\$ 24.11
2F	90862			11	On-site; Physician	¼ hr.	\$ 24.45
2F	90862			99	Off-site; Physician	¼ hr.	\$ 24.45

State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk

Psychotropic medication training

MEDICAID

Service definition:	Minimum credentials of staff:
Includes training the client or the client's family or guardian to administer the client's medication, to monitor proper levels and dosage, and to watch for side effects.	Staff designated in writing by a physician or advanced practice nurse per a collaborative agreement.
	Example activities:
	When indicated based on client's condition and included in the ITP, face-to-face meetings with individual clients for the following purposes: –To discuss purpose of taking psychotropic medications. –To discuss psychotropic medications, effects, side effects, and adverse reactions. –To discuss self-administration of medications. –To discuss storage and safeguarding of medications. –To discuss how to communicate with mental health professionals regarding medication issues. –To discuss how to communicate with family/caregivers regarding medication issues. For the client's parents, guardian or caregivers, meetings with provider staff to train them to monitor dosage and side effects.
Notes:	
When training the family/guardian to administer or monitor medications, the client does not need to be present. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone	
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	
	References:
	Rule: 59 Ill. Admin. Code 132.150(c)(6)
	Nomenclature:
	Previous: Medication training
	HIPAA: Medication training and support

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
31	H0034			11	On-site; individual	¼ hr.	\$ 14.77
31	H0034			99	Off-site; individual	¼ hr.	\$ 17.13
3A	H0034	SA		11	On-site; individual; APN	¼ hr.	\$ 17.39
3A	H0034	SA		99	Off-site; individual; APN	¼ hr.	\$ 20.17
3B	H0034	HQ		11	On-site; group	¼ hr.	\$ 6.39
3B	H0034	HQ		99	Off-site; group	¼ hr.	\$ 7.41
3C	H0034	SA	HQ	11	On-site; group; APN	¼ hr.	\$ 7.52
3C	H0034	SA	HQ	99	Off-site; group; APN	¼ hr.	\$ 8.72

State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk

Short-term diagnostic and mental health services

MEDICAID

Service definition:	Minimum credentials of staff:
An array of services that includes the provision of at least one or more of the services in 132.150 or 132.165 on a daily basis in order to assess, restore or maintain a client's emotional or behavioral functioning necessary to be at a level determined to be appropriate for his/her successful functioning in a family, school or community.	Minimum credentials required by each discrete 132.150 and 132.165 service provided
	Example activities:
	<p>Provided to and for eligible children for the purpose of assessing, restoring, or maintaining the client's emotional or behavioral functioning in areas that are necessary for the child's day-to-day functioning.</p> <p>Provided to a child receiving care or services in a short-term specialized substitute care living arrangement that is supervised by a provider under contract to a State agency to provide short-term diagnostic and mental health services.</p> <p>Requires that at least one of the allowable services be provided each day.</p> <p>Each service must be provided according to the requirements specified in Part 132 for that service. Thus, the allowable activities for short-term diagnostic and mental health services follow directly from the allowable activities and qualified staff for each service that is part of the array.</p> <p>Short-term diagnostic and mental health services can last no more than 45 days. However, one extension of an additional 45 days may be authorized by an LPHA.</p>
Notes:	
Shall last no more than 45 days; one extension of an additional 45 days may be authorized by an LPHA. An Admission Note may be used to authorize the provision of comprehensive mental health services prior to the completion of a mental health assessment. An Admission Note must be completed within 24 hours after a client's admission and is effective for a maximum of 30 days.	
Applicable populations	
<input checked="" type="checkbox"/> Adults(up to age 21) <input checked="" type="checkbox"/> Children <input type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group	
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	
	References:
	Rule: 59 Ill. Admin. Code 132.150(m)
	Nomenclature:
	Previous: Short -term diagnostic services
	HIPAA: Short-term residential, non-hospital, per diem

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
(n/a)	H0018			11	Individual	Per diem	Provider-specific

State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk

Skills training and development

MEDICAID

Service definition:	Minimum credentials of staff:
Structured services that are goal directed, clearly defined and focused on improving adaptive functioning deficits	MHP
	Example activities:
	<p>A series of sessions with modules addressing different components of functioning such as, but not limited to, social competency, anger management, problem-solving/decision-making, or the ability to live independently.</p> <p>Established curriculum-based intervention programs for clients with mental illness.</p> <p>Time spent implementing a structured method of behavior management, such as a point system.</p> <p>Supervised activities that are intended to improve adaptive functioning in a specific area, as long as the activities are preceded by explicitly detailing the expectations for involvement in the activity and followed by a review of what actually occurred.</p> <p>For children and adolescents only, skills training and development can include therapeutic support to facilitate improved functioning through normalizing in-home/in-community activities.</p>
Notes:	
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group	
Pre-service requirements	
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	References: Rule: 59 Ill. Admin. Code 132.150(e) Nomenclature: Previous: Individual/family social rehabilitation HIPAA: Mental health skills training and development

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
32	H2014			11	On-site; individual	¼ hr.	\$ 16.58
32	H2014			99	Off-site; individual	¼ hr.	\$ 19.23
38	H2014	HQ		11	On-site; group	¼ hr.	\$ 4.14
38	H2014	HQ		99	Off-site; group	¼ hr.	\$ 4.80

State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk

Therapeutic behavioral services

MEDICAID

Service definition:	Minimum credentials of staff:
Direct interactions with the client, or on behalf of the client with a member of the client's family, with such interactions intended to result in improving or maintaining the client's ability to function in a variety of interpersonal situations, including in the family, school or community.	RSA
Notes:	Example activities:
General staff supervision or general observation of group activities, including field trips, group sports, or board games is not therapeutic behavioral services and is not a billable Medicaid service. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	Planned or unplanned milieu-based interventions related to goals defined in the client's ITP. Behavior management and problem-solving interventions. ITP-specified facilitation of improved competency in areas such as, but not limited to: interpersonal communication, dating and sexual appropriateness, peer or sibling interactions, self-regulating behavior, problem-solving skills, parent/child communication and interaction, self-care and hygiene, use of public transportation, money management, cooking and home management. Group meetings such as organizational meetings at the beginning and end of the day and self-governance meetings only if a QMHP, MHP or RSA is present. If an individual in a group activity is exhibiting a non-adaptive behavior, staff can use therapeutic behavioral services as an intervention to modify the non-adaptive behavior and can bill for time spent in direct interaction with the individual client in the group situation or time spent directly observing the client to assess if the intervention was successful to decrease problem behavior. Face-to-face or telephone activities with family, including foster parents and other caretakers, to maintain the client's placement and to ensure the ITP is correctly implemented. Face to-face or telephone activities with the client's family, including foster parents and other caretakers, to improve client functioning.
Applicable populations	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care	
Rule allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group (15:1)	
Pre-service requirements	References:
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	Rule: 59 Ill. Admin. Code 132.150(f) Nomenclature: Previous: Rehabilitative stabilization HIPAA: Therapeutic behavioral service

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
36	H2019			11	On-site; individual	¼ hr.	\$ 13.68
36	H2019			99	Off-site; individual	¼ hr.	\$ 15.87
37	H2019	HQ		11	On-site; group	¼ hr.	\$ 3.42
37	H2019	HQ		99	Off-site; group	¼ hr.	\$ 3.97

State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk

Therapy/counseling

MEDICAID

Service definition:		Minimum credentials of staff:	
Treatment in which a staff person meets with a client in ongoing periodic formal sessions with the goal of ameliorating or reducing the symptoms associated with his or her emotional, cognitive or behavioral problems.		MHP	
Notes:		Example activities:	
Incidental telephone conversations and consultations are not billable as therapy/counseling. Services to the family on behalf of the client should be reported and billed using the code for family therapy or counseling.		<p>Formal face-to-face meetings or telephone contacts with the client, or client's family as specified in the ITP.</p> <p>Conducting formal face-to-face group sessions with the client or his/her family. This may include serving special client populations with a particular theoretical framework, or addressing a specific problem such as low self-esteem, poor impulse control, depression, <i>etc.</i> Examples include:</p> <ul style="list-style-type: none"> — Problem-solving groups. — Support groups. — Groups focused on developing competency in areas such as social competency, time management, anger control. — Regularly scheduled therapeutic-related group meetings such as organizational meetings at the beginning and end of the day, and self-governance meetings only if a QMHP or MHP is present. <p>For family modality, includes couple's or marital therapy and individual sessions with one parent if it is for the benefit of the child or therapy sessions with members of a child's foster family.</p>	
Applicable populations		References:	
<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> SASS <input checked="" type="checkbox"/> Specialized substitute care		<p>Rule: 59 Ill. Admin. Code 132.150(d)</p> <p>Nomenclature:</p> <p>Previous: Psychological therapy; Psychological counseling; Rehabilitative counseling</p> <p>HIPAA: Behavioral health counseling and therapy</p>	
Rule allowed mode(s) of delivery		Pre-service requirements	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group		<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan	

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
2A	H0004			11	On-site; individual; MHP	¼ hr.	\$ 16.58
2A	H0004			99	Off-site; individual; MHP	¼ hr.	\$ 19.23
2C	H0004	HR		11	On-site; family; MHP	¼ hr.	\$ 16.58
2C	H0004	HR		99	Off-site; family; MHP	¼ hr.	\$ 19.23
2B	H0004	HQ		11	On-site; group; MHP	¼ hr.	\$ 4.14
2B	H0004	HQ		99	Off-site; group; MHP	¼ hr.	\$ 4.80
21	H0004	HO		11	On-site; individual; QMHP	¼ hr.	\$ 17.88
21	H0004	HO		99	Off-site; individual; QMHP	¼ hr.	\$ 20.74
23	H0004	HO	HR	11	On-site; family; QMHP	¼ hr.	\$ 17.88
23	H0004	HO	HR	99	Off-site; family; QMHP	¼ hr.	\$ 20.74
22	H0004	HO	HQ	11	On-site; group; QMHP	¼ hr.	\$ 6.39
22	H0004	HO	HQ	99	Off-site; group; QMHP	¼ hr.	\$ 7.41

State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk

Treatment plan development, review and modification

MEDICAID

<p>Service definition:</p> <p>The development of a plan to deliver specific mental health services to a client, based on the service needs identified in the mental health assessment, which includes goals, objectives, specific mental health services, and identification of staff responsible for delivering the services. Frequency of services is required only if the LPHA determines that frequency should be specified. The LPHA and QMHP shall review the individualized treatment plan (ITP) no less frequently than every six months and any modification, if necessary.</p> <p>In a specialized substitute care living arrangement, a QMHP may review the ITP at six months, the LPHA and QMHP review the annual ITP and any modifications. For this provision prior approval is required by the funding state agency.</p>	<p>Minimum credentials of staff:</p> <p>MHP QMHP responsible for development LPHA provides clinical direction</p> <p>Example activities:</p> <p>Meeting with client or guardian to discuss, develop or review a treatment plan. Face-to-face meetings with family members, collaterals, or with other persons essential to the development or review of the treatment plan, with client's permission. Treatment team meetings used for ITP development and/or formalized review of the effectiveness of the entire treatment plan. The LPHA or QMHP must be present and sign documentation. Does <u>not</u> include intra-agency meetings to review client progress related to individual ITP goals. Time spent by the QMHP/MHP reviewing the assessment materials and developing ITP with others (but not time spent writing/typing the document).</p>
<p>Notes:</p> <p>Required if providing 132.150 or 132.165 services, except for crisis services. Mental health diagnosis required, or documentation of evaluations that will be conducted to determine a definitive diagnosis. An ITP is not necessary for the provision of case management services to assist the client in acquiring emergency food, clothing or shelter, or for mandated child welfare or juvenile justice activities. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</p>	<p>References:</p> <p>Rule: 59 Ill. Admin. Code 132.148(c) Nomenclature: Previous: Treatment plan development, review & modification Rehabilitative service plan development, review & modification HIPAA: Mental health service plan development</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/>Adults <input checked="" type="checkbox"/>Children <input checked="" type="checkbox"/>SASS <input checked="" type="checkbox"/>Specialized substitute care</p>	
<p>Rule allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/>Face-to-face <input checked="" type="checkbox"/>Individual <input checked="" type="checkbox"/>On-site <input checked="" type="checkbox"/>Videoconference <input checked="" type="checkbox"/>Off-site <input checked="" type="checkbox"/>Telephone <input type="checkbox"/>Group</p>	
<p>Pre-service requirements</p> <p><input checked="" type="checkbox"/>Medical necessity <input checked="" type="checkbox"/>Mental health assessment <input type="checkbox"/>Treatment plan</p>	

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
0C	H0032	HN		11	On-site; MHP	¼ hr.	\$ 16.58
0C	H0032	HN		99	Off-site; MHP	¼ hr.	\$ 19.23
0D	H0032			11	On-site; QMHP	¼ hr.	\$ 19.20
0D	H0032			99	Off-site; QMHP	¼ hr.	\$ 22.27

State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk

Adaptive/social rehabilitation—Vocational

NON-MEDICAID (DHS only)

<p>Service definition:</p> <p>Engagement, pre-vocational and vocational activities other than vocational testing/evaluation (activity code 0B) and activities integrated within supported employment (activity code 34).</p> <p>Supported employment activities explicitly related to a client's functioning in an occupational or vocational setting that cannot be viewed in terms of the client's broader rehabilitative or social functioning skills.</p>	<p>Minimum credentials of staff:</p> <p>RSA</p>
<p>Notes:</p> <p>Non-Medicaid service. Client must have employment or preparation for employment as a goal in the treatment plan. Activities related to employment which <u>may</u> be viewed in terms of the client's broader rehabilitative or social functioning skills should be expressed in those terms and billed as Medicaid-covered services.</p>	<p>Example activities:</p> <p>Assisting a client in:</p> <ul style="list-style-type: none"> — Completing a job application. — Preparing for a job interview. — Development of skills specific to a job or vocation.
<p>Applicable populations</p> <p> <input checked="" type="checkbox"/>Adults <input checked="" type="checkbox"/>Children <input type="checkbox"/>SASS <input type="checkbox"/>Specialized substitute care </p>	<p>References:</p> <p>Rule: (n/a)</p> <p>Nomenclature:</p> <p>Previous: (n/a)</p> <p>HIPAA: Not medically necessary service</p>
<p>Rule allowed mode(s) of delivery</p> <p> <input checked="" type="checkbox"/>Face-to-face <input checked="" type="checkbox"/>Individual <input checked="" type="checkbox"/>On-site <input checked="" type="checkbox"/>Videoconference <input checked="" type="checkbox"/>Off-site <input checked="" type="checkbox"/>Telephone <input type="checkbox"/>Group </p>	
<p>Pre-service requirements</p> <p> <input type="checkbox"/>Medical necessity <input checked="" type="checkbox"/>Mental health assessment <input checked="" type="checkbox"/>Treatment plan </p>	

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
33	S9986			11	On-site	¼ hr.	\$ 13.68
33	S9986			99	Off-site	¼ hr.	\$ 15.87

State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk

Oral interpretation and sign language

NON-MEDICAID (DHS only)

<p>Service definition:</p> <p>Sign language/oral interpreter services necessary to ensure the provision of services for individuals with hearing impairments or in the primary language of non-English speaking individuals.</p> <p>Interpreters shall be linguistically appropriate and be capable of communicating in English and in the primary language of the individual and be able to translate clinical information effectively.</p>	<p>Minimum credentials of staff:</p> <p>Specialist</p>
<p>Notes:</p> <p>Non-Medicaid service</p> <p>This service must be performed in conjunction with another medically necessary billable service to be reimbursed. The client's mental health assessment must indicate a need for these services.</p>	<p>Example activities:</p> <p>See definition.</p>
<p>Applicable populations</p> <p> <input checked="" type="checkbox"/>Adults <input checked="" type="checkbox"/>Children <input type="checkbox"/>SASS <input type="checkbox"/>Specialized substitute care </p>	
<p>Rule allowed mode(s) of delivery</p> <p> <input checked="" type="checkbox"/>Face-to-face <input checked="" type="checkbox"/>Individual <input checked="" type="checkbox"/>On-site <input checked="" type="checkbox"/>Videoconference <input type="checkbox"/>Group <input checked="" type="checkbox"/>Off-site <input checked="" type="checkbox"/>Telephone <input type="checkbox"/>Group </p>	
<p>Pre-service requirements</p> <p> <input type="checkbox"/>Medical necessity <input checked="" type="checkbox"/>Mental health assessment <input type="checkbox"/>Treatment plan </p>	
<p>References:</p> <p>Rule: (n/a)</p> <p>Nomenclature:</p> <p>Previous: (n/a)</p> <p>HIPAA: Oral interpretation and sign language</p>	

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
7A	T1013			11	On-site	¼ hr.	\$ 15.73
7A	T1013			99	Off-site	¼ hr.	\$ 18.25

State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk

Supported employment

NON-MEDICAID (DHS only)

<p>Service definition:</p> <p>Activities for a specific client, such as job development, job coaching and job placement, when provided under the following conditions: placement based on consumer job preferences, competitive employment in integrated work settings, on-going supports as needed, and integration of supported employment services with other mental health services.</p>	<p>Minimum credentials of staff:</p> <p>RSA</p>
<p>Notes:</p> <p>Non-Medicaid service Client must have employment or preparation for employment as a goal in the treatment plan. Activities related to employment which can be viewed in terms of the client's broader rehabilitative or social functioning skills should be expressed in those terms and billed as Medicaid-covered services.</p>	<p>Example activities:</p> <p>Assisting a client in completing a job application. Assisting a client in preparing for a job interview. Assisting a client in the development of skills specific to a job or vocation.</p>
<p>Applicable populations</p> <p> <input checked="" type="checkbox"/>Adults <input checked="" type="checkbox"/>Children <input type="checkbox"/>SASS <input type="checkbox"/>Specialized substitute care </p>	
<p>Rule allowed mode(s) of delivery</p> <p> <input checked="" type="checkbox"/>Face-to-face <input checked="" type="checkbox"/>Individual <input checked="" type="checkbox"/>On-site <input checked="" type="checkbox"/>Videoconference <input type="checkbox"/>Group <input checked="" type="checkbox"/>Off-site <input checked="" type="checkbox"/>Telephone </p>	
<p>Pre-service requirements</p> <p> <input type="checkbox"/>Medical necessity <input checked="" type="checkbox"/>Mental health assessment <input checked="" type="checkbox"/>Treatment plan </p>	
<p>References:</p> <p>Rule: (n/a) Nomenclature: Previous: (n/a) HIPAA: Not medically necessary service</p>	

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
34	S9986			11	On-site, individual	¼ hr.	\$ 13.68
34	S9986			99	Off-site, individual	¼ hr.	\$ 15.87
3D	S9986	HQ		11	On-site, group	¼ hr.	\$ 3.42
3D	S9986	HQ		99	Off-site, group	¼ hr.	\$ 3.97

State of Illinois
Community Mental Health Services
Service Definition and Activity Crosswalk

Vocational, educational testing/evaluation

NON-MEDICAID (DHS only)

<p>Service definition:</p> <p>Conducting tests of a client's vocational abilities and/or aptitude; or administering IQ and other tests of a client's educational aptitudes, strengths, and shortcomings.</p>	<p>Minimum credentials of staff:</p> <p>RSA</p>
<p>Notes:</p> <p>Non-Medicaid service</p> <p>Client must have employment or education (training) or preparation for employment or education (training) as a goal in the treatment plan.</p> <p>Related activities which <u>may</u> be viewed as a more general assessment of a client's functioning capacity without <u>explicit</u> application to vocational or educational placement should be expressed in that manner and billed as a part of the mental health assessment.</p>	<p>Example activities:</p> <p>Administering standardized tests to assess vocational or education development or aptitude.</p> <p>Collecting client information for the purposes of evaluating a client's readiness for employment or an educational program.</p>
<p>Applicable populations</p> <p> <input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Children <input type="checkbox"/> SASS <input type="checkbox"/> Specialized substitute care </p>	
<p>Rule allowed mode(s) of delivery</p> <p> <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone </p>	
<p>Pre-service requirements</p> <p> <input type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan </p>	
<p>References:</p> <p>Rule:</p> <p>Nomenclature:</p> <p>Previous: (n/a)</p> <p>HIPAA: Not medically necessary service</p>	

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)		Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)				
0B	S9986	HN		11	On-site	¼ hr.	\$ 13.68
0B	S9986	HN		99	Off-site	¼ hr.	\$ 15.87